

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company				
798007	Clo	Closing Time Really LLC. 4. Brief description of the character of business conducted in Rhode Island				
3. State of Formation	4. Brief des	cription of the character of	of business conducted in R	hode Island		
[Keal	L Estate				
5. Principal office address			City	State	Zip	
52 Ballou St.			Cumberla		02804	
6. MAILING ADDRESS OF LIM	ITED LIABIL!	TY COMPANY AND NAM		T PERSON:		
Contact Name	m. 000	`^ . a . i	Contact Title			
Shannon C. McCaffrey				President/owner		
Street Address 4400 Post Po	1. 生3	, 1	city East Gree	nmich Pl	72818	
7. LIST <u>ALL</u> MANAGERS (NAI ("X" BOX FOR ATTACHMEN	MES AND ADI	DRESSES) OF THE LIMI			IOT LIST MEMBERS	
Manager Name			Manager Name			
		\				
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
517551715G1555			Circoryidaress			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND						
This information is currently o	f record in th	e Office of the Secretar	y of State. Changes requ	ire filing Form 642.		

FILED

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	Under penalty of perjury, I declare and affirm that I have examined	
File Date	this report, including any accompanying schedules and statements,	
	and that all statements contained herein are true and correct.	
Check No	Mu CHECAL 1915/2014	
Ву:	Signature of Authorized Person Date	
FOR SECRETARY OF STATE USE ONLY	Shannon C. McCally	
	Print or Type Name of Authorized Person / / /	

Form No. 632 Revised: 01/2012